

FILED JAN 7 1958

THE DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46552

STATE FILE NUMBER

Registration District No. 317

Primary Registration District No. 341

Registrar's No. 3274

| | | | | | | | |
|--|--|--|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>St. Louis</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON, MO.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>SO. KINLOCH PARK</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY</u> | | Length of stay in lb <u>7 DAYS</u> | | d. STREET ADDRESS (If outside, give location) <u>613 MONROE ST.</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Hettie</u> Middle <u>Collins</u> Last <u>Collins</u> | | | | 4. DATE OF DEATH Month <u>12</u> Day <u>20</u> Year <u>57</u> | | | |
| 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>NEGRO</u> | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>1863</u> | |
| 9. AGE (In years last birthday) <u>94</u> | | 10. IF UNDER 1 YEAR Months <u>4</u> Days <u>9</u> Hours <u>0</u> Min. <u>0</u> | | 11. BIRTHPLACE (City and state or country) <u>UNKNOWN APT.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u> | | | |
| 13. FATHER'S NAME <u>UNKNOWN</u> | | | | 14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT Address <u>MRS. LILLIAN SCALES 4526 A. ALDINE</u> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE, (a) <u>Malnutrition</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic Brain Syndrome</u> DUE TO (c) <u>Cerebral Arteriosclerosis 334X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). <u>Chronic pyelonephritis</u> | | | | | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | |
| 20c. TIME OF INJURY Hour <u>12:17 P</u> Month, Day, Year | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from <u>12-13-57</u> to <u>12-20-57</u> and last saw her alive on <u>12-20-57</u> Death occurred at <u>12:17 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (of Deed or Life) <u>June H. Page, M.D.</u> | | | | 22b. ADDRESS <u>601 So. Brentwood</u> | | 22c. DATE SIGNED <u>12-20-57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 23b. DATE <u>12-27-57</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>FATHER DICKSON CEM.</u> | | 23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY, MO.</u> | |
| 24. FUNERAL DIRECTOR ADDRESS <u>G. WADE GRANBERRY 4202 FINNEY AVE.</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>12-26-57</u> | | 26. REGISTRAR'S SIGNATURE <u>Herbert R. Donahue</u> | |

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leroy V. Bannister

Licensed Embalmer No. 752

P. O. Address 4251 Wash

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.